

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CA (AMBULATORY)

Facility Information

Facility Name: SHERRY HOUSE (THE) (510352)
Address: 440 EAST CENTER STREET, READSTOWN, WI 54652
License Status: REGULAR
Licensed/Certified/Registered 01/01/1998
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094756 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008182 Served 04/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/30/2005	

Survey ID: 0094154 **End Date:** 02/07/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008123 Served 02/22/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS		
83.14(1)(a)1	RESIDENT RIGHTS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING		
83.16(1)	ADMISSIONS AGREEMENT		
83.33(3)(e)2.b	INJECTIONS		
83.42(12)	MAINTENANCE OF EXITS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CA (AMBULATORY)

Enforcement History

Date: 04/01/2005	SOD #10008182	Appealed: No
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH REQUIREMENT

Date: 02/18/2005	SOD #10008123	Appealed: No
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)(a)1

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.33(3)(e)2.b

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CA (AMBULATORY)

Complaint History

Date Complaint Received: 11/30/2004

Date Investigation Completed: 02/07/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	NOT RECORDED
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10008123
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.